about the import of fake drugs in the country and for taking action for absolute confiscation and prosecutions in cases of import of spurious drugs.

5. In the 39th meeting of Drugs Consultative Committee (DCC), a statutory body under the Drugs and Cosmetics Act, 1940, held on 10th December, 2008, the States were requested to play pro-active role in assessing the extent of spurious drugs in the country.

6. In the 40th meeting of DCC held on 29.6.2009, guidelines for taking action on samples of drugs declared spurious or not of standard quality in the light of enhanced penalties under the Drugs and Cosmetics (Amendment) Act, 2008 were adopted for the purpose of uniform implementation of the Drugs and Cosmetic Act in the country. The guidelines have been placed on the web site of CDSCO.

7. Under a Capacity Building Project through World Bank, assistance was provided to upgrade testing facilities and to establish new drug number of samples. Under this project 23 States and 6 Central Drug laboratories have been strengthened.

Incentives for doctors in rural areas

1303. MS. SUSHILA TIRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has decided to provide incentives to the doctors working in the rural areas;

(b) if so, the details thereof;

(c) whether it is also a fact that there are no sufficient doctors in the rural areas; and

(d) if so, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes.

(b) The Central Government has amended the post Graduate Medical Education Regulations provide —

(i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas; and

(ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Under National Rural Health Mission, incentives to doctors posted in the rural areas is provided by the respective State Governments.

(c) and (d) There is uneven distribution of doctors in urban and rural areas leading to shortage of doctors in rural areas mainly due to reluctance of the doctors to work in the rural areas. However, as per information furnished by Medical Council of India, the total number of registered allopathic doctors in the country is 7,48,757. In addition there more than six lakh practitioners of Indian system of medicine and Homoeopathy. Currently, there are 300 medical colleges in the country for teaching modern system of medicine with annual intake of 35,252 who add up to the existing medical manpower.

Progress of NRHM in Andhra Pradesh

1304. SHRI GIREESH KUMAR SANGHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has received the progress of National Rural Health Mission (NRHM) in Andhra Pradesh;

(b) if so, the outcome thereof and the shortcomings which have been noticed with details thereof; and

(c) what remedial measures Government has taken or proposes to take to plug these shortcomings and make NRHM a success in the State and the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Yes. The Government has received the progress report of National Rural Health Mission (NRHM) in Andhra Pradesh. The State has reported effective and efficient implementation of NRHM. As per the latest report, 21,916 village Health and Sanitation Committees (VHSCs) have been constituted and 21,916 Joint Accounts are operational in the State. Rogi Kalyan Samiti is operational at 16 District Hospitals, 168 Community Health Centres (CHCs) and 1573 Primary Health Centres (PHCs). All the districts have started developing their own Integrated District health Action Plan (IDHAP). A total of 690 PHCs have been strengthened with three Staff Nurses each to make them functional 24x7. A total of 58 Sub-district

Hospitals, 120 CHCs including facilities below district level and 16 District Hospitals are functioning as First Referral Units (FRUs). About 17 districts have functional Mobile medical unit (MMU).

70,700 Accredited Social Health Activists (ASHAs) have been selected and 68,500 are trained in 1st Module. About 51,201 ASHAs have been provided with drug kits. 10,322 Sub-centres are functional with an ANM.

9505 Sub-centres (SCs) are strengthened with 2nd ANM. As far as manpower expansion is concerned, 121 Staff Nurses, 9505 ANMs have been recruited on contractual basis.

The State has been advised to accelerate the implementation of steps for institutional care for new born, rationalizing the position of health human resources etc. Regular State visits and hand-holding Workshops are conducted to address the areas which need support in the State.